

Foster Family Home - Corrective Action Report

Provider ID: 1-562109

Home Name: Gina Domingo, CNA

Review ID: 1-562109-6

94-1027 Paiwa Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/18/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 10/18/19.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, RN
Compliance Manager

10/18/19
Date

Gina Domingo
Primary Care Giver

10/18/19
Date